

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	SOLID DOSAGE FORMS COMPRISING PULLULAN
<b>Attorney Docket Number::</b>	029318-0985
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	0
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	John D.
<b>Family Name::</b>	Pruitt
<b>City of Residence::</b>	Collegeville
<b>State or Province of Residence::</b>	PA
<b>Country of Residence::</b>	US

**Street of mailing address::** 603 Buyers Road  
**City of mailing address::** Collegeville  
**State or Province of mailing address::** PA  
**Postal or Zip Code of mailing address::** 19403

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Douglas C.  
**Family Name::** Hovey  
**City of Residence::** Trooper  
**State or Province of Residence::** PA  
**Country of Residence::** US  
**Street of mailing address::** 19 N. Midland Avenue  
**City of mailing address::** Trooper  
**State or Province of mailing address::** PA  
**Postal or Zip Code of mailing address::** 19403

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Finland  
**Status::** Full Capacity  
**Given Name::** Tuula A.  
**Family Name::** Ryde  
**City of Residence::** Malvern  
**State or Province of Residence::** PA  
**Country of Residence::** US  
**Street of mailing address::** 54 Lloyd Avenue  
**City of mailing address::** Malvern

**State or Province of mailing address::** PA

**Postal or Zip Code of mailing address::** 19355

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** U.S.A

**Status::** Full Capacity

**Given Name::** H. William

**Family Name::** Bosch

**City of Residence::** Bryn Mawr

**State or Province of Residence::** PA

**Country of Residence::** US

**Street of mailing address::** 237 Rodney Circle

**City of mailing address::** Bryn Mawr

**State or Province of mailing address::** PA

**Postal or Zip Code of mailing address::** 19010

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Robert W.

**Family Name::** Lee

**City of Residence::** Boyertown

**State or Province of Residence::** PA

**Residence::**

**Country of Residence::** US

**Street of mailing address::** 83 Valley Brook Road

**City of mailing address::** Boyertown

**State or Province of mailing address::** PA  
**Postal or Zip Code of mailing address::** 19512

**Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

**Representative Information**

<b>Representative Customer Number::</b>	31049	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming benefit under 35 USC 119(e)	60/425,264	11/12/2002

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee name::** Elan Pharma International Ltd.